	,			OBHADELLED
			124	V 08 18 PH 12495
	<i>M</i>	Petitioner  Petitioner  Respondent(s)		DECLARATION IN SOUPOWIMC  OF REQUEST  TO PROCEED  IN FORMA PAUPERIS
b	nat ir ecau	r support of my motion to proceed without being requise of my poverty I am unable to pay the costs of said	uired to pro	re that I am the petitioner in the above entitled case; epay fees, costs or give security therefor, I state that g or to give security therefor; that I believe I am
e	ntitle	ed to relief.		
1.	. Aı	re you presently employed? 🗆 Yes 🗓 No		
	a.	If the answer is yes, state the amount of your salary employer.		per month, and give the name and address of your
	b.	If the answer is no, state the date of last employment you received. Nov 23, 2007 \ \ Car		
2.	Ha	we you received, within the past twelve months, any	money fro	m any of the following sources?
	a.	Business, profession or form of self-employment?		ID No
	b.	Rent payments, interest or dividends?	☐ Yes	to No
	c.	Pensions, annuities or life insurance payments?	☐ Yes	I No
	d.	Gifts or inheritances?	☐ Yes	12 No
	e.	Any other sources?	Yes	□No
		ing the past twelve months: My Mother		
	□ Y	you own any cash, or do you have money in a checking of the No see answer is yes, state the total value of the items own		ngs account? (Include any funds in prison accounts)

4.	Do you own any real estate, stocks, bonds, no household furnishings and clothing)  Yes		or other valuable propert	y? (Excluding ordinary
	If the answer is yes, describe the property and		nate value:	
5.	List the persons who are dependent upon you much you contribute toward their support:	^ V		- <b>A</b>
			·	
	I, declare (or certify, verify or state) under per	nalty of perjury the	t the foregoing is true an	nd correct.
	Executed on	(Poline)	Signature of Petitioner	
	Date		Signature of Petitioner	
		CERTIFICAT		
	I hereby certify that the Petitioner herein has th	ne sum of \$		on account to his credit
at th	he			institution where he is
	fined. I further certify that Petitioner likewise h	•		cording to the records of said
insti	itution:			
			<del></del>	
	Date		Authorized Officer of Instit	ution/Title of Officer

1	
2	Case Number:
3	·
4.	
5	
6	
7	
8	
9	CERTIFICATE OF FUNDS
10	IN
11	PRISONER'S ACCOUNT
12	
13	I certify that attached hereto is a true and correct copy of the prisoner's trust account
14	statement showing transactions of Struggs, Cedric for the last six months
15	SALINAS VALUE STATE PRISON ACCOUNTING DEPARTMENT
16	P.O. BOX 1020 SOLEDAD, CA 93960-1020 [prisoner name]
17	where (s)he is confined.
18	[name of institution]
19	I further certify that the average deposits each month to this prisoner's account for the
20	most recent 6-month period were \$ 57.03 and the average balance in the prisoner's
21	account each month for the most recent 6-month period was \$ 73.99.
22	
23	Dated: 3/14/08 X. Maccas
24	[Authorized officer of the institution]
25	
26	
27	

1	
2	Case Number:
3	
4	
5	
6	
7	
8	
9	CERTIFICATE OF FUNDS
10	IN
11	PRISONER'S ACCOUNT
12	
13	I certify that attached hereto is a true and correct copy of the prisoner's trust account
14	statement showing transactions of for the last six months at
15	[prisoner name]
16	where (s)he is confined.
17	[name of institution]
18	I further certify that the average deposits each month to this prisoner's account for the most
19	recent 6-month period were \$ and the average balance in the prisoner's account
20	each month for the most recent 6-month period was \$
21	
22	Dated:
23	[Authorized officer of the institution]
24	
25	
26	
27	
28	

REPORT ID: TS3030 .701

REPORT DATE: 03/14/01

PAGE NO:

CALIFORNIA DEPARTMENT OF CORRECTIONS SALINAS VALLEY STATE PRISON INMATE TRUST ACCOUNTING SYSTEM INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: SEP. 01, 2007 THRU MAR. 14, 2008

ACCOUNT NUMBER : C28615

BED/CELL NUMBER: FDB7T1000000116U

ACCOUNT NAME : STRUGGS, CEDRIC LYNN

ACCOUNT TYPE: I

PRIVILEGE GROUP: B

TRUST ACCOUNT ACTIVITY

TRAN						
DATE CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
					*** *** *** *** *** *** *** *** ***	
09/01/2007	BEGINNING BA	ALANCE				27. <b>9</b> 8
	INMATE PAYROL			5.56		33.54
	CASH DEPOSIT			100.00		133.54
	INMATE PAYROL			6.80		140.34
10/05 FC06	DRAW-FAC 6	1000 D-7			115.00	25.34
	CASH WITHDRAW				7.50	17.84
	CASH WITHDRAW		284041168		9.00	8.84
11/02 D300	CASH DEPOSIT	1235 7021		200.00		208.84
11/06 D553	INMATE PAYROL	1255W10/07		6.08		214.92
11/07 FC06	DRAW-FAC 6	1279 D7			70.00	144.92
11/26*DD30	CASH DEPOSIT	1425 7085		22.50		167.42
12/06*VD53	INMATE PAYROL	1497W11/07		1.23		168.65
12/10 FC06	DRAW-FAC 6	1525 D1			45.00	123.65
12/14 W512	LEGAL POSTAGE	1586 ENVEL			0.20	123.45
12/20 W512	LEGAL POSTAGE	1633 ENVEL			0.70	122.75
ACTIVITY	FOR 2008					
01/02 W516	LEGAL COPY CH	1696 LCOPY			3.60	119.15
01/03 W515	COPY CHARGE	1706 MCOPY			0.24	118.91
01/08 FC06	DRAW-FAC 6	1757 D1			45.00	73.91
02/05 W512	LEGAL POSTAGE	<b>2022 ENVEL</b>			1.35	72.56
02/08 FC06	DRAW-FAC 6	2091 D1			30.00	42.56
02/20*W415	CASH WITHDRAW	2175 WRITE	284041971		40.00	2.56

## \* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 02/24/00 CASE NUMBER: SS991499

FINE AMOUNT: \$ COUNTY CODE: MON 800.00

:	DATE	TRANS.	DESCRIPTION	TRANS.	AMT.	BALANCE
	09/01/2007	BEGINNING	BALANCE			800.00

Page 6 of 6

REPORT ID: TS3030 .701

REPORT DATE: 03/14/0

PAGE NO:

## SALINAS VALLEY STATE PRISON INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: SEP. 01, 2007 THRU MAR. 14, 2008

ACCT: C28615 ACCT NAME: STRUGGS, CEDRIC LYNN

ACCT TYPE: I

## \* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 02/24/00

CASE NUMBER: SS991499

COUNTY CODE: MON

FINE AMOUNT: \$

800.00

2.56

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
11/26/07	DR30	REST DED-CASH DEPOSIT	25.00-	775.00
12/06/07	VR53	RESTITUTION DEDUCTION-IWF	1.36-	773.64

- \* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT \*
- \* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED.

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
27.98	342.17	367.59	2.56	0.00	0.00

